

<i>SERFF Tracking Number:</i>	<i>UTAC-126577600</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Teacher Associates Insurance Company</i>	<i>State Tracking Number:</i>	<i>45756</i>
<i>Company Tracking Number:</i>	<i>UTA-1-0001-BRO-GN</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>2010 Medicare Supplement Brochure</i>		
<i>Project Name/Number:</i>	<i>2010 Medicare Supplement Brochure/UTA-1-0001-BRO-GN</i>		

Filing at a Glance

Company: United Teacher Associates Insurance Company

Product Name: 2010 Medicare Supplement SERFF Tr Num: UTAC-126577600 State: Arkansas
Brochure

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Filed- State Tr Num: 45756
Closed

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: UTA-1-0001-BRO-GN State Status: Filed-Closed
Other 2010

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Jackie Cunningham,
Alycia Sumbera, Joyce Kostakis,
Melissa Garza, Melissa MacLaurin

Disposition Date: 06/01/2010

Date Submitted: 05/24/2010

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2010 Medicare Supplement Brochure

Project Number: UTA-1-0001-BRO-GN

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Not yet filed in the
domicile state

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/01/2010

Explanation for Other Group Market Type:

State Status Changed: 06/01/2010

Deemer Date:

Created By: Melissa MacLaurin

Submitted By: Melissa MacLaurin

Corresponding Filing Tracking Number:

Filing Description:

United Teacher Associates Insurance Company NAIC: 63479 FEIN: 58-0869673

Requesting Approval for Medicare Supplement Brochure and Proposal:

Form Number Form Description

UTA-1-0001-BRO-GN Medicare Supplement Brochure -2010

UTA-MS-Proposal-AR Medicare Supplement Proposal

SERFF Tracking Number: UTAC-126577600 State: Arkansas
Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45756
Company Tracking Number: UTA-1-0001-BRO-GN
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: 2010 Medicare Supplement Brochure
Project Name/Number: 2010 Medicare Supplement Brochure/UTA-1-0001-BRO-GN

Brochure and Proposal to be used with Medicare Supplement policies filed under separate cover and described below:

Form: Form Number: Serff Number:

Medicare Supplement Plan A UTA-MS-CR-A-AR UTAC-126593525
Medicare Supplement Plan B UTA-MS-CR-B-AR UTAC-126593525
Medicare Supplement Plan C UTA-MS-CR-C-AR UTAC-126593525
Medicare Supplement Plan D UTA-MS-CR-D-AR UTAC-126593525
Medicare Supplement Plan F UTA-MS-CR-F-AR UTAC-126593525
Medicare Supplement Plan G UTA-MS-CR-G-AR UTAC-126593525
Medicare Supplement Plan N UTA-MS-CR-N-AR UTAC-126593525

Dear Analyst:

The brochure and proposal are for the Medicare Supplement policies described above is submitted for your review and approval. The policies, outline of coverage and brochure were developed for compliance with the amended NAIC Medigap model as required by the Federal Medicare Improvements for Patients & Providers Act of 2008 (MIPPA). The policy forms will provide Medicare Supplement insurance and the coverage will be sold through licensed agents.

The brochure and proposal are new and do not replace any forms previously approved by your department. They will be used with the policy forms described in this cover letter as well as any future approved plan types as they are described as variable.

Should you have any questions, please feel free to contact me at 866-459-4272, ext. 4794 or by email at MMacLaurin@gafri.com.

Sincerely,

Melissa MacLaurin,
Compliance Analyst
866-459-4272
E-mail: MMacLaurin@gafri.com

Company and Contact

Filing Contact Information

Melissa MacLaurin, Compliance Analyst mmaclaurin@gafri.com

SERFF Tracking Number: UTAC-126577600 State: Arkansas
Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45756
Company Tracking Number: UTA-1-0001-BRO-GN
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: 2010 Medicare Supplement Brochure
Project Name/Number: 2010 Medicare Supplement Brochure/UTA-1-0001-BRO-GN

11200 Lakeline Blvd Ste 100 512-807-4794 [Phone]
Austin, TX 78717

Filing Company Information

United Teacher Associates Insurance Company CoCode: 63479 State of Domicile: Texas
11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance
Company
P.O. Box 26580 Group Name: State ID Number:
Austin, TX 78755-0580 FEIN Number: 58-0869673
(800) 880-8824 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50 X 2 = \$100
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Teacher Associates Insurance Company	\$100.00	05/24/2010	36782932

SERFF Tracking Number: UTAC-126577600 State: Arkansas
Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45756
Company Tracking Number: UTA-1-0001-BRO-GN
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: 2010 Medicare Supplement Brochure
Project Name/Number: 2010 Medicare Supplement Brochure/UTA-1-0001-BRO-GN

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	06/01/2010	06/01/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Medicare Supplement Proposal Page	Melissa MacLaurin	05/24/2010	05/24/2010

SERFF Tracking Number: *UTAC-126577600* *State:* *Arkansas*
Filing Company: *United Teacher Associates Insurance Company* *State Tracking Number:* *45756*
Company Tracking Number: *UTA-1-0001-BRO-GN*
TOI: *MS09 Medicare Supplement - Other 2010* *Sub-TOI:* *MS09.000 Medicare Supplement Other 2010*
Product Name: *2010 Medicare Supplement Brochure*
Project Name/Number: *2010 Medicare Supplement Brochure/UTA-1-0001-BRO-GN*

Disposition

Disposition Date: 06/01/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UTAC-126577600 State: Arkansas
 Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45756
 Company Tracking Number: UTA-1-0001-BRO-GN
 TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
 Product Name: 2010 Medicare Supplement Brochure
 Project Name/Number: 2010 Medicare Supplement Brochure/UTA-1-0001-BRO-GN

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Statement of Variability	Filed	Yes
Form	Medicare Supplement Brochure	Filed	Yes
Form (revised)	Medicare Supplement Proposal Page	Filed	Yes
Form	Medicare Supplement Proposal Page	Replaced	Yes

SERFF Tracking Number: UTAC-126577600 State: Arkansas
 Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45756
 Company Tracking Number: UTA-1-0001-BRO-GN
 TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
 Product Name: 2010 Medicare Supplement Brochure
 Project Name/Number: 2010 Medicare Supplement Brochure/UTA-1-0001-BRO-GN

Amendment Letter

Submitted Date: 05/24/2010

Comments:

To Whom It May Concern:

Please find the corrected proposal page attached.

Thank you,
 Melissa MacLaurin
 Compliance Analyst

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
UTA-MS-Proposal-AR	Advertising	Medicare Supplement Proposal Page	Initial				0.000	UTA-MS-Proposal-AR.pdf

SERFF Tracking Number: UTAC-126577600 State: Arkansas

Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45756

Company Tracking Number: UTA-1-0001-BRO-GN

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: 2010 Medicare Supplement Brochure

Project Name/Number: 2010 Medicare Supplement Brochure/UTA-1-0001-BRO-GN

Form Schedule

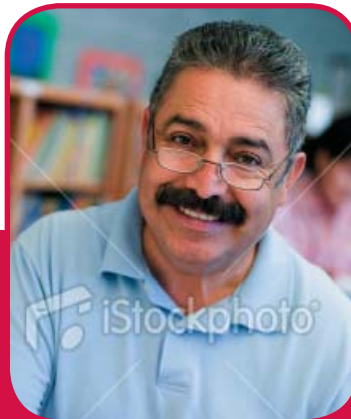
Lead Form Number: UTA-1-0001-BRO-GN

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 06/01/2010	UTA-1-0001-BRO-GN	Advertising	Medicare Supplement Brochure	Initial		0.000	UTA-1-0001-BRO-GN (4-7-10).pdf
Filed 06/01/2010	UTA-MS-Proposal-AR	Advertising	Medicare Supplement Proposal Page	Initial		0.000	UTA-MS-Proposal-AR.pdf



UNITED TEACHER ASSOCIATES INSURANCE COMPANY (UTA) [2010] MEDICARE SUPPLEMENT INSURANCE POLICIES

UTA is a member of the Great American[®] Supplemental Benefits Group family of companies



Let us help you feel secure with your health, your family's future
and your Medicare Supplement Insurance company.

THIS IS A LIMITED POLICY which should be used to supplement your Medicare coverage.

This is a solicitation for insurance. An insurance agent will contact you. No Insurance Company nor its agents are connected with or endorsed by Medicare or any other governmental agency. Premium and benefits vary by plan selected. Plan availability varies by state.

UTA-1-0001-BRO-GN



**UNITED TEACHER ASSOCIATES
INSURANCE COMPANY**

P.O. Box 26580 | Austin, TX 78755-0580

4/7/10

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

Medicare Part A Hospital Coverage

Part A Deductible – UTA Medicare Supplement Insurance Plans [B, C*, D, F, G & N] pay the in patient hospital deductible for each benefit period.

100% Part A Co-Payments – After the Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.

UTA Plans [A, B, C, D, F, G, & N] pay when you are hospitalized for the 61st day through the 90th day. After the 90th day of hospital confinement the Medicare Lifetime Reserve kicks in.

Medicare Lifetime Reserve is additional days that Medicare will pay when you are in the hospital for more than ninety (90) days; however you are limited to a total of sixty (60) Lifetime Reserve days in your lifetime.

For each Lifetime Reserve day, Medicare pays all covered costs except for a daily coinsurance. If you are in the hospital longer than ninety (90) days during a benefit period, and you've exhausted your sixty (60) days of Lifetime Reserve, UTA Plans [A, B, C, D, F, G & N] pay the Part A Medicare eligible expenses for hospitalization, subject to a lifetime maximum benefit of an additional 365 days.

Hospice – Medicare pays all but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care. UTA Plans [A, B, C, D, F, G & N] pay Medicare co-payment/coinsurance.

Skilled Nursing Facility Care – First 20 days Medicare pays all eligible expenses. UTA Plans [B, C, D, F, G & N] pay the daily coinsurance from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare certified skilled nursing facility within thirty (30) days of being hospitalized for at least three (3) days.

Medicare Part B Physician's Services & Supplies

Deductible – Plans [C & F] pay the Part B calendar year deductible.

Coinsurance – After the Part B deductible, UTA Plans [A, B, C, D, F, G & N] generally pay 20% of eligible expenses for physician's services, supplies, physical and speech therapy.

For hospital outpatient services paid under a prospective payment system, the co-payment amount will be paid after the Part B deductible has been met.



Excess Benefits – Your bill for Part B services and supplies may exceed the Medicare eligible expense. When that occurs, UTA Plans [F & G] pay 100% of the difference, not to exceed the charge limitation established by Medicare.

Blood

Blood Part A – UTA Plans [A, B, C, D, F, G & N] will pay for the first three (3) pints of blood in each calendar year. Medicare pays for any additional blood you may need.

Blood Part B – After meeting the Part B deductible, Medicare will pay 80% of approved amounts. UTA Plans [A, B, C, D, F, G & N] will pay 20% of those costs.

Additional Benefits

Emergency Care Received Outside of the U.S. – After you pay a \$250 calendar-year deductible, UTA Plans [C, F, G & N] pay 80% of eligible expenses incurred during the first sixty (60) days of a trip, outside the U. S. not to exceed a lifetime maximum of \$50,000.

* Only available in Ohio & Michigan.

- 1 Except co-payments not in excess of [\$20] per office visit and [\$50] per emergency room visit.
- 2 When comparing policies you must compare identical policies, such as a Medicare Select Plan or a High Deductible Plan.
- 3 Except in AZ, FL, GA, ID & MO where the policy rate structure is based on issue age, and premiums can only be increased by class.

ADVANTAGES

What makes Medicare Supplement insurance from **United Teacher Associates Insurance Company** different? The benefits of each Medicare Supplement insurance policy are standardized, no matter what company sells you the policy. Each type of standardized Medicare Supplement policy plans (A - N)² will offer the same basic benefits. So, at UTA, our added value is our commitment to exceptional customer service.

Value – UTA strives to maintain competitive premiums over the life of a policy. At the same time, we will not compromise the financial security and quality service our clients require.

Service – At UTA, we aim to provide fast, friendly and efficient policy-owner services. To administer our business, we try to bring together two vital components:

Tools & People.

Having efficient tools means little without the personal care administered by dedicated professionals. When you contact us, we will do our best to service your concerns with effective, friendly and prompt service.

Guaranteed Renewable – All of UTA's Medicare Supplement policies are guaranteed renewable. Your policy cannot be canceled. We guaranteed to renew the policy each time the premium is received within thirty-one (31) days of its due date.

Our Right to Adjust Future Premiums – You can't be singled out for a rate increase based on your health, no matter how many times you receive benefits. The policy's rate structure is based on attained age³. Other than increases due to your age³, your premium will only change when the same premium change is made on the same form issued to persons of your classification in the same geographic area of your state, if coverage under Medicare changes, or if you move to a different zip code location.

Paperless Electronic Claim Filing – Part A & Part B claims are processed electronically, eliminating paperwork for both the insured and the provider in the majority of claims.

By effectively adopting the latest technology, we strive to achieve fast policy and claims processing times. In fact, most of our Medicare Supplement claims are processed automatically within one working day of submission.

Choice of Physicians & Hospitals – Policyholders can use the health care provider of their choice. All of our Medicare Supplement policies may be used anywhere Medicare is accepted.

Payment Flexibility – We offer a choice of premium modes. Premiums may be paid by direct bill or bank draft annually, semi-annually or quarterly. Monthly mode is available for bank draft only.

Exclusions & Limitations

These policies will not pay benefits for:

1. Any expense which You are not legally obligated to pay; or services for which no charge is normally made in the absence of insurance;
2. Any services that are not medically necessary as determined by Medicare;
3. Any portion of any expense for which payment is made by Medicare or other government programs (*except Medicaid*);
4. Any type of expense not a Medicare Eligible Expense except as provided for in the policy.
5. Any deductible, coinsurance or co-payment not covered by Medicare, unless such coverage is listed as a benefit in the policy;
6. Confinement that begins or expenses incurred while your policy is not in force.

Preexisting Conditions – UTA will not pay for any expenses incurred for care or treatment of a Preexisting Condition for the first six (6) months from the effective date (*in WY, 90 days*). However, if you have continuous creditable coverage or are replacing an existing Medicare Supplement policy, you will get credit for the time you were covered toward meeting this six (6) month exclusionary period. This provision does not apply if your policy was issued under Guaranteed Issue status.

A **Preexisting Condition** is a condition for which medical advice was given or treatment was recommended by or received from a Physician within six (6) months (*in WY, 90 days*) prior to the policy effective date.



ABOUT UNITED TEACHER ASSOCIATES INSURANCE COMPANY

Our mission is to provide specialty health insurance, marketed through agents, designed to meet the diverse needs of everyday Americans. We are committed to developing and delivering innovative products and quality services to our customers.

Since 1958, United Teacher Associates Insurance Company (UTA) has been marketing health insurance products for individuals and families. We offer insurance products designed to meet most people's needs throughout the various stages of their lives.

Our product portfolio features a range of plans to fit the needs of a variety of customers, budgets and lifestyles. In addition, we offer optional benefits to further customize your plan. You'll be able to choose the plan that works best for you.

At UTA, our goal is to make our customers our number one priority. We are committed to providing exceptional service to all our customers every day.

Full terms and conditions of coverage are defined by and governed by an issued Medicare Supplement policy. Please refer to the policy for the full terms and conditions of coverage. This brochure is designed as a marketing aid and is not to be construed as a contract for insurance. It provides a brief description of the important features of policy form series: [Generic Plan A: UTA-MS-AA-A-GN, UTA-MS-IA-A-GN, Arkansas Plan A: UTA-MS-CR-A-AR]; [Generic Plan B: UTA-MS-AA-B-GN, UTA-MS-IA-B-GN, Arkansas Plan B: UTA-MS-CR-B-AR]; [Generic Plan C: UTA-MS-AA-C-GN, UTA-MS-IA-C-GN]; [Generic Plan D: UTA-MS-AA-D-GN, UTA-MS-IA-D-GN, Arkansas Plan D: UTA-MS-CR-D-AR]; [Generic Plan F: UTA-MS-AA-F-GN, UTA-MS-IA-F-GN, Arkansas Plan F: UTA-MS-CR-F-AR]; [Generic Plan G: UTA-MS-AA-G-GN, UTA-MS-IA-G-GN, Arkansas Plan G: UTA-MS-CR-G-AR]; [Generic Plan N: UTA-MS-AA-N-GN, UTA-MS-IA-N-GN, Arkansas Plan N: UTA-MS-CR-N-AR].



Our Companies include:

Central Reserve Life Insurance Company
Continental General Insurance Company
Great American Life Insurance Company®
Loyal American Life Insurance Company®
Provident American Life & Health Insurance Company
United Teacher Associates Insurance Company

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

Medicare Supplement Proposal

Proposal Date: [November 3, 2009]

Effective Date: [November 3, 2009]

Prepared For:

[First M. Last]
[Street Address]
[City, IL 61108]

These amounts are based on the information you provided and are based on an issue age of [____]. The premiums vary by the plan selected. Plan availability varies by state.

Plan	Monthly	Quarterly	SemiAnnually	Annually
[Plan A]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan B]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan C]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan D]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan F]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan G]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan M]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan N]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]

Rates are illustrative only. Actual rates are based on where you live, and your choice of coverage. Please do not send money. You must first complete an application to obtain coverage. Please see the Outline of Coverage for a brief description of the benefits offered by each plan. Benefit exclusions and limitations may apply.

This is a solicitation for insurance. An insurance agent will contact you. **No insurance company nor its agents are connected with or endorsed by the U.S. Government or the federal Medicare program.**

We appreciate the opportunity to help you and answer any questions. For more information contact:

[Brad test]
[123 main]
[Rocky Top, IL 61111]

United Teacher Associates Insurance Company
PO Box 26580
Austin, TX 78755-0580
(866) 459-4272

UTA-MS-Proposal-AR

SERFF Tracking Number: UTAC-126577600 State: Arkansas
Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45756
Company Tracking Number: UTA-1-0001-BRO-GN
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: 2010 Medicare Supplement Brochure
Project Name/Number: 2010 Medicare Supplement Brochure/UTA-1-0001-BRO-GN

Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Statement of Variability	Filed	Date: 06/01/2010
Comments:		
Attachment:		
Statement of Variability.pdf		

Statement of Variability
United Teacher Associates Insurance company

The following items are indicated as variable items in the brochure.

Page	Variable Items	Justification
Cover Page	[2010]	The [2010] has been marked as variable so the Company, at its own discretion, will be able to remove [2010] without re-filing. Only this bracketed information will be removed, nothing will be added.
Page 2	[A, B, C, D, F, G, K, L, M, N]	The Medicare Supplement Plans are marked as variable under Part A Deductible, 100% Part A Co-insurance, Hospice, and Skilled Nursing Facility Care; Part B Deductible, Coinsurance, and Excess Benefits; Blood Part A and B; and Emergency Care Received Outside of the U.S. so the Company, at its own discretion, will be able to show only the plans that are applicable to benefits being described. Only state approved Medicare Supplement Plans will be described.
Page 3	[\$20], [\$50]	The co-payment amounts are marked as variable in the footnote so the Company, at its own discretion, will be able to update the amounts as necessary without re-filing. Only Federal mandated amounts will be described.
Page 4	[Medicare Supplement Plan Form Numbers]	The Medicare supplement plan form numbers are marked as variable so the Company, at its own discretion, will be able to show only the plans that are available. Only approved Medicare supplement policy plans will be described.

SERFF Tracking Number: UTAC-126577600 State: Arkansas
 Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45756
 Company Tracking Number: UTA-1-0001-BRO-GN
 TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
 Product Name: 2010 Medicare Supplement Brochure
 Project Name/Number: 2010 Medicare Supplement Brochure/UTA-1-0001-BRO-GN

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/09/2010	Form	Medicare Supplement Proposal Page	05/24/2010	UTA-MS-Proposal-GN 4-7- 10.pdf (Superceded)



**UNITED TEACHER ASSOCIATES
INSURANCE COMPANY**

P.O. Box 26580 | Austin, TX 78755-0580

Medicare Supplement Proposal

Proposal Date: [November 3, 2009]

Effective Date: [November 3, 2009]

Prepared For:

[First M. Last]

[Street Address]

[City, IL 61108]

These amounts are based on the information you provided and are based on an issue age of [____]. The premiums vary by the plan selected. Plan availability varies by state.

Plan	Monthly	Quarterly	SemiAnnually	Annually
[Plan A]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan B]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan C]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan D]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan F]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan G]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan M]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]
[Plan N]	[\$100.00]	[\$300.00]	[\$600.00]	[\$1,2000.00]

Premium rates above do not include a one time [(\$25.00 STATE SPECIFIC)] enrollment fee.

Rates are illustrative only. Actual rates are based on your age, where you live, and your choice of coverage. Please do not send money. You must first complete an application to obtain coverage. Please see the Outline of Coverage for a brief description of the benefits offered by each plan. Benefit exclusions and limitations may apply.

This is a solicitation for insurance. An insurance agent will contact you. **No insurance company nor its agents are connected with or endorsed by the U.S. Government or the federal Medicare program.**

We appreciate the opportunity to help you and answer any questions. For more information contact:

[Brad test]

[123 main]

[Rocky Top, IL 61111]

United Teacher Associates Insurance Company

PO Box 26580

Austin, TX 78755-0580

(866) 459-4272

UTA-MS-Proposal-GN